### Health Insurance Counseling and Advocacy (HICAP) Aggregate Report

### Program: PSA 32 - Alliance on Aging

|  | Public and Media Data Report |    |         |         |         |  |  |
|--|------------------------------|----|---------|---------|---------|--|--|
|  | JUL-SEP                      |    |         | APR-JUN |         |  |  |
|  | Q1                           | Q2 | Q3      | Q4      | TOTAL   |  |  |
| Type of Activity   |                              |    |         |         |         |  |  |
| Interactive Presentations to Public in Person  |                              |    |         |         |         |  |  |
| Total Number of Events   | 0                            | 0  | 15      | 17      | 32      |  |  |
| Estimated Number of Attendees  | 0                            | 0  | 579     | 630     | 1,209   |  |  |
| Estimated Number of Persons Provided Enrollment Assistance                           | 0                            | 0  | 0       | 0       | 0       |  |  |
| Booths or Exhibits at Fairs or Special Events  |                              |    |         |         |         |  |  |
| Total Number of Events   | 0                            | 0  | 0       | 5       | 5       |  |  |
| Estimated Number of Attendees  | 0                            | 0  | 0       | 760     | 760     |  |  |
| Estimated Number of Persons Provided Enrollment Assistance                           | 0                            | 0  | 0       | 0       | 0       |  |  |
| Mobile InfoVan Events  |                              |    |         |         |         |  |  |
| Total Number of Events   | 0                            | 0  | 0       | 0       | 0       |  |  |
| Estimated Number of Attendees  | 0                            | 0  | 0       | 0       | 0       |  |  |
| Estimated Number of Persons Provided Enrollment Assistance                           | 0                            | 0  | 0       | 0       | 0       |  |  |
| Dedicated Enrollment Events  |                              |    |         |         |         |  |  |
| Total Number of Events   | 0                            | 0  | 0       | 0       | 0       |  |  |
| Estimated Number of Attendees  | 0                            | 0  | 0       | 0       | 0       |  |  |
| Estimated Number of Persons Received Any Enrollment<br>Assistance                    | 0                            | 0  | 0       | 0       | 0       |  |  |
| Enrollment Assistance with Medicare Programs(s)                                      | 0                            | 0  | 0       | 0       | 0       |  |  |
| Enrollment Assistance with Part D  | 0                            | 0  | 0       | 0       | 0       |  |  |
| Enrollment Assistance with LIS   | 0                            | 0  | 0       | 0       | 0       |  |  |
| Enrollment Assistance MSP  | 0                            | 0  | 0       | 0       | 0       |  |  |
| Enrollment Assistance with Other Medicare Program                                    | 0                            | 0  | 0       | 0       | 0       |  |  |
| Radio Shows Live or Taped (Not a Public Service Announcement)                        |                              |    |         |         |         |  |  |
| Total Number of Events   | 0                            | 0  | 13      | 10      | 23      |  |  |
| Estimated Number of Attendees  | 0                            | 0  | 120,000 | 100,000 | 220,000 |  |  |
| TV/Cable Shows Live or Taped (Not a Public Service Announcement)                     |                              |    |         |         |         |  |  |
| Total Number of Events   | 0                            | 0  | 0       | 0       | 0       |  |  |
| Estimated Number of Attendees  | 0                            | 0  | 0       | 0       | 0       |  |  |
| Other Electronic Events (Public Service Announcements (Radio/TV), Ads, Crawls, etc.) |                              |    |         |         |         |  |  |
| Total Number of Activities   | 0                            | 0  | 0       | 0       | 0       |  |  |
| Estimated Number of Persons Reached  | 0                            | 0  | 0       | 0       | 0       |  |  |

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|--|------------------------------|---------|-------------|------------|------------------|--|--|
|  | JUL-SEP                      | OCT-DEC | JAN-MAR     | APR-JUN    |                  |  |  |
|  | Q1                           | Q2      | Q3          | Q4         | TOTAL            |  |  |
| Other Print Activity (newspaper articles, fliers, phamplets, etc.)           |                              |         |             |            |                  |  |  |
| Total Number of Print Activities   | 0                            | 0       | 2           | -          | 8                |  |  |
| Estimated Number of Targeted Persons Reached                                 | 0                            | 0       | 3<br>11,000 | 5<br>8,000 | 19,000           |  |  |
| Presenters   |                              |         |             |            |                  |  |  |
|  |                              |         |             |            |                  |  |  |
| HICAP Paid Staff   |                              |         |             |            | 0                |  |  |
| Total Neural for Length of Astivities  | 0                            | 0       | 0           | 0          | 0.00             |  |  |
| Total Hours for Length of Activities   | 0.00                         | 0.00    | 0.00        | 0.00       | 0.00             |  |  |
| HICAP In-Kind Paid Staff   |                              |         |             |            |                  |  |  |
| Total Presenters   | 0                            | 0       | 0           | 0          | 0                |  |  |
| Total Hours for Length of Activities   | 0.00                         | 0.00    | 0.00        | 0.00       | 0.00             |  |  |
| HICAP Volunteer Staff  |                              |         |             |            |                  |  |  |
| Total Presenters   | 0                            | 0       | 0           | 0          | 0                |  |  |
| Total Hours for Length of Activities   | 0.00                         | 0.00    | 0.00        | 0.00       | 0.00             |  |  |
| Other Presenters   |                              |         |             |            |                  |  |  |
| Total Presenters   | 0                            | 0       | 0           | 0          | 0                |  |  |
| Total Hours for Length of Activities   | 0.00                         | 0.00    | 0.00        | 0.00       | 0.00             |  |  |
|  |                              |         |             |            |                  |  |  |
| Area of Focus  |                              |         | 10          | 7          | _                |  |  |
| Dual Eligible with Mental Illness  | 0                            | 0       | 0           | 0          | 0                |  |  |
| Employer Termination - COBRA   | 0                            | 0       | 0           | 0          | 0                |  |  |
| General HICAP Information  | 0                            | 0       | 31          | 36         | 67               |  |  |
| Grievances / Appeals - Plan Issues   | 0                            | 0       | 0           | 0          | 0                |  |  |
| Long-Term Care / Insurance   | 0                            | 0       | 8           | 6          | 14               |  |  |
| Low Income Subsisdy (LIS) / Application Assistance                           | 0                            | 0       | 12          | 10         | 22               |  |  |
| Medicare (Parts A & B)   | 0                            | 0       | 18          | 13         | 31               |  |  |
| Medicare Advantage (Part C)  | 0                            | 0       | 17          | 5          | 22<br>3          |  |  |
| Medicare Prescription Drug Coverage (Part D)                                 | 0                            | 0       | 0           | 3          | 37               |  |  |
| Medicare Prescription Drug Coverage (Part D)  Medigap / Medicare Supplements | 0                            | 0       | 21          | 16         | 3 <i>1</i><br>16 |  |  |
| Non-Medicare Fraud/Abuse   | 0                            | 0       | 9           | 7<br>0     | 0                |  |  |
| Other Topics / Issues (Health Specific)                                      | 0                            | 0       | 10          | 26         | 36               |  |  |
| onici Topica / Issues (Health Opecille)                                      | 0                            | 0       | 10          | ∠6         | 30               |  |  |

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|  | JUL-SEP | OCT-DEC | JAN-MAR | APR-JUN |       |
|--|---------|---------|---------|---------|-------|
|  | Q1      | Q2      | Q3      | Q4      | TOTAL |
| Partnership Recruitment                                | 0       | 0       | 0       | 0       | 0     |
| Preventive Care Benefits                               | 0       | 0       | 8       | 6       | 14    |
| QMB/SLMB/QI  | 0       | 0       | 0       | 0       | 0     |
| Volunteer Recruitment                                  | 0       | 0       | 0       | 0       | 0     |
| Targeted Audience                                      |         |         |         |         |       |
| African American                                       | 0       | 0       | 17      | 24      | 41    |
| American Indian or Nataive Alaskan                     | 0       | 0       | 16      | 20      | 36    |
| Asian Indian   | 0       | 0       | 0       | 0       | 0     |
| Caucasian  | 0       | 0       | 20      | 27      | 47    |
| Chinese  | 0       | 0       | 0       | 0       | 0     |
| Disabled   | 0       | 0       | 20      | 23      | 43    |
| Dual Eligible Groups                                   | 0       | 0       | 0       | 0       | 0     |
| Employer Related Groups                                | 0       | 0       | 0       | 3       | 3     |
| Family Member/Caregiver of Beneficiary                 | 0       | 0       | 27      | 22      | 49    |
| Filipino   | 0       | 0       | 0       | 0       | 0     |
| Guamanian or Chamarro                                  | 0       | 0       | 0       | 0       | 0     |
| Hispanic / Latino                                      | 0       | 0       | 20      | 28      | 48    |
| Hmong  | 0       | 0       | 0       | 0       | 0     |
| Japanese   | 0       | 0       | 0       | 0       | 0     |
| Korean   | 0       | 0       | 0       | 0       | 0     |
| Low Income   | 0       | 0       | 23      | 21      | 44    |
| Medicare Beneficiaries                                 | 0       | 0       | 30      | 26      | 56    |
| Medicare Pre-Enrollees                                 | 0       | 0       | 0       | 0       | 0     |
| Mental Health  | 0       | 0       | 1       | 3       | 4     |
| Mental Health Professionals                            | 0       | 0       | 0       | 0       | 0     |
| Native Hawaiian  | 0       | 0       | 0       | 0       | 0     |
| Other  | 0       | 0       | 0       | 2       | 2     |
| Other Asian  | 0       | 0       | 16      | 21      | 37    |
| Other Pacific Islander                                 | 0       | 0       | 14      | 20      | 34    |
| Partnership Outreach                                   | 0       | 0       | 0       | 0       | 0     |
| Presentations to Groups in Language Other than English | 0       | 0       | 14      | 3       | 17    |
| Rural  | 0       | 0       | 18      | 16      | 34    |
| Samoan   | 0       | 0       | 0       | 0       | 0     |
| Socail Work Professionals                              | 0       | 0       | 0       | 0       | 0     |
| Some Other Race or Ethnicity                           | 0       | 0       | 0       | 0       | 0     |
| Vietnamese   | 0       | 0       | 0       | 0       | 0     |

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|---|------------------------------|---------|---------|---------|--------|--|--|
|   | JUL-SEP                      | OCT-DEC | JAN-MAR | APR-JUN |        |  |  |
|   | Q1                           | Q2      | Q3      | Q4      | TOTAL  |  |  |
| Web Site Hits   |                              |         |         |         |        |  |  |
| Total Web Hits to Local HICAP Web Site                      | 0                            | 0       | 0       | 0       | 0      |  |  |
| Literature from Events                                      |                              |         |         |         |        |  |  |
| General HICAP Brochure                                      | 0                            | 0       | 388     | 370     | 758    |  |  |
| "Taking Care of Tomorrow"                                   | 0                            | 0       | 90      | 65      | 155    |  |  |
| Other Publications (Created by or on Behalf of Local HICAP) | 0                            | 0       | 11,486  | 2,285   | 13,771 |  |  |
| Other Literature  |                              |         |         |         |        |  |  |
| Other Literature  | 0                            | 0       | 0       | 0       | 0      |  |  |
| Brochures from Quick Call                                   | 0                            | 6       | 23      | 2       | 31     |  |  |

# Health Insurance Counseling and Advocacy (HICAP) Aggregate Report

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|   | Client Contacts & Demographics |         |         |         |        |  |  |
|---|--------------------------------|---------|---------|---------|--------|--|--|
|   | JUL-SEP                        | OCT-DEC | JAN-MAR | APR-JUN |        |  |  |
|   | Q1                             | Q2      | Q3      | Q4      | TOTAL  |  |  |
| SECTION 1 - Client Contacts                   |                                |         |         |         |        |  |  |
| Total Clients Counseled (unduplicated)        | 113                            | 275     | 294     | 248     | 930    |  |  |
| Total Finalized Intakes                       | 118                            | 237     | 212     | 197     | 764    |  |  |
| How did client learn about SHIP/HICAP?        |                                |         |         |         |        |  |  |
| Agency (Social Security, Medi-Cal, etc.)      | 13                             | 23      | 34      | 36      | 106    |  |  |
| Aging into Medicare Postacd - CDA HICAP       | 0                              | 0       | 0       | 0       | 0      |  |  |
| CDA HICAP                                     | 3                              | 0       | 2       | 2       | 7      |  |  |
| СНА   | 0                              | 0       | 0       | 0       | 0      |  |  |
| CMS/Medicare                                  | 6                              | 11      | 3       | 6       | 26     |  |  |
| Friend/Relative                               | 7                              | 4       | 3       | 4       | 18     |  |  |
| InfoVan                                       | 0                              | 0       | 0       | 0       | 0      |  |  |
| Internet                                      | 1                              | 0       | 0       | 0       | 1      |  |  |
| Mailings                                      | 0                              | 0       | 0       | 0       | 0      |  |  |
| Media   | 7                              | 9       | 8       | 5       | 29     |  |  |
| Other   | 5                              | 30      | 20      | 29      | 84     |  |  |
| Presentations                                 | 3                              | 22      | 18      | 19      | 62     |  |  |
| Previous Contacts                             | 0                              | 0       | 0       | 0       | 0      |  |  |
| State Website                                 | 0                              | 0       | 0       | 0       | 0      |  |  |
| Missing/Not Collected                         | 73                             | 138     | 124     | 96      | 431    |  |  |
| Mode of Client Contact                        |                                |         |         |         |        |  |  |
| Quick Call Contacts                           | 0                              | 87      | 231     | 124     | 442    |  |  |
| Contacts by Telephone                         | 121                            | 252     | 252     | 463     | 1,088  |  |  |
| Contacts In Person at home                    | 2                              | 1       | 1       | 2       | 6      |  |  |
| Contacts In Person at site                    | 108                            | 161     | 119     | 156     | 544    |  |  |
| Contacts by E-Mail                            | 51                             | 285     | 192     | 104     | 632    |  |  |
| Contacts by Mail/Fax                          | 0                              | 0       | 0       | 1       | 1      |  |  |
| Total Number of Client Contacts:              | 282                            | 786     | 795     | 850     | 2,713  |  |  |
| Contact Status Types                          |                                |         |         |         |        |  |  |
| General info                                  | 0                              | 0       | 0       | 0       | 0      |  |  |
| Detailed Assistance                           | 0                              | 0       | 1       | 1       | 2      |  |  |
| Problem Solving/Resolution                    | 0                              | 0       | 0       | 0       | 0      |  |  |
| Tatal Councilian Time Count by County T       |                                |         |         |         |        |  |  |
| Total Counseling Time Spent by Counselor Type |                                | 22.45   |         | 2       | 224.62 |  |  |
| Program Manager                               | 42.19                          | 66.45   | 54.55   | 61.49   | 224.68 |  |  |
| Volunteer                                     | 71.27                          | 79.21   | 63.52   | 92.22   | 306.22 |  |  |
| Paid  | 22.43                          | 47.46   | 31.20   | 62.52   | 163.61 |  |  |
| In-Kind                                       | 0.00                           | 0.00    | 0.00    | 0.00    | 0.00   |  |  |
| SECTION 2 - Client Demographics               |                                |         |         |         |        |  |  |
| Ethnicity                                     |                                |         |         |         |        |  |  |
| (Hispanic/Latino)                             | 12                             | 27      | 25      | 33      | 97     |  |  |
| Race  |                                |         |         |         | _      |  |  |
| African American/Black                        | 0                              | 2       | 2       | 2       | 6      |  |  |

# **Client Contacts & Demographics**

|                                   | JUL-SEP | OCT-DEC | JAN-MAR | APR-JUN |       |
|-----------------------------------|---------|---------|---------|---------|-------|
|                                   | Q1      | Q2      | Q3      | Q4      | TOTAL |
| American Indian/Alaskan Native    | 2       | 0       | 1       | 0       | 3     |
| Caucasian/White                   | 89      | 165     | 134     | 111     | 499   |
| Native Hawaiian                   | 0       | 0       | 0       | 1       | 1     |
| Guamanian or Chamoro              | 0       | 0       | 0       | 0       | 0     |
| Samoan                            | 0       | 0       | 0       | 0       | 0     |
| Asian Indian                      | 0       | 3       | 1       | 1       | 5     |
| Chinese                           | 0       | 1       | 2       | 1       | 4     |
| Filipino                          | 1       | 8       | 2       | 6       | 17    |
| Japanese                          | 0       | 1       | 1       | 1       | 3     |
| Hmong                             | 0       | 0       | 0       | 0       | 0     |
| Korean                            | 0       | 0       | 1       | 0       | 1     |
| Vietnamese                        | 1       | 4       | 1       | 1       | 7     |
| Other Pacific Islander            | 0       | 0       | 0       | 0       | 0     |
| Other Asian                       | 0       | 1       | 1       | 2       | 4     |
| Two or More Race                  | 2       | 5       | 2       | 8       | 17    |
| Some Other race                   | 4       | 9       | 7       | 5       | 25    |
| Not Collected                     | 19      | 38      | 57      | 58      | 172   |
| Gender                            |         |         |         |         |       |
| Female                            | 84      | 153     | 149     | 134     | 520   |
| Male                              | 34      | 84      | 58      | 60      | 236   |
| Not Collected                     | 0       | 0       | 5       | 3       | 8     |
| Monthly Income                    |         |         |         |         |       |
| Less than 150% of FPL             | 23      | 43      | 46      | 52      | 164   |
| Equal To/Greater than 150% of FPL | 88      | 168     | 130     | 112     | 498   |
| Not collected                     | 7       | 26      | 36      | 33      | 102   |
| Client Asset Limits               |         |         |         |         |       |
| Below LIS Asset limit             | 0       | 0       | 0       | 0       | 0     |
| At or Above LIS Asset Limit       | 0       | 0       | 0       | 0       | 0     |
| Not Collected                     | 118     | 237     | 212     | 197     | 764   |

# **Client Contacts & Demographics**

|   | JUL-SEP    | SEP OCT-DEC | JAN-MAR     | APR-JUN     |              |  |
|---|------------|-------------|-------------|-------------|--------------|--|
|   | Q1         | Q2          | Q3          | Q4          | TOTAL        |  |
|   |            |             |             |             |              |  |
| Total Clients that Checked Yes as Being     |            |             |             |             |              |  |
| Veteran                                     | 3          | 12          | 11          | 9           | 35           |  |
| Limited English Proficient (LEP)            | 7          | 15          | 12          | 14          | 48           |  |
| Dual Eligible                               | 11         | 29          | 27          | 35          | 102          |  |
| Medicare Status Due to Disability           | 10         | 20          | 23          | 25          | 78           |  |
| Dual Eligible due to Mental Disability      | 0          | 0           | 0           | 0           | 0            |  |
| Applying/Receiving Social Security/Medicare |            | •           | •           | 0           | 0            |  |
| Disability                                  | 0          | 0           | 0           | 0           | U            |  |
| Age   |            |             |             |             |              |  |
| Under 60                                    | 10         | 7           | 10          | 13          | 40           |  |
| 60-64                                       | 2          | 2           | 7           | 19          | 30           |  |
| 65-74                                       | 50         | 59          | 47          | 51          | 207          |  |
| 75-84                                       | 15         | 27          | 28          | 29          | 99           |  |
| 85+   | 7          | 10          | 9           | 15          | 41           |  |
| Not Collected                               | 34         | 132         | 111         | 70          | 347          |  |
|   |            |             |             |             |              |  |
| Marital Status                              |            |             |             |             |              |  |
| Married                                     | 57         | 99          | 78          | 89          | 323          |  |
| Never Married                               | 5          | 22          | 14          | 14          | 55           |  |
| Separated                                   | 2          | 1           | 2           | 4           | 9            |  |
| Divorced                                    | 7          | 23          | 27          | 23          | 80           |  |
| Widowed                                     | 23         | 60          | 42          | 30          | 155          |  |
| Domestic Partner                            | 2          | 1           | 2           | 2           | 7            |  |
| Not Collected                               | 22         | 31          | 47          | 35          | 135          |  |
| Estimated Financial Saving                  |            |             |             |             |              |  |
| Clients with Financial Savings              | 5          | 65          | 33          | 7           | 110          |  |
| Estimated Dollars Saved                     | \$9,076.00 | \$88,909.00 | \$45,448.00 | \$12,278.00 | \$155,711.00 |  |

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|   | JUL-SEP | OCT-DEC | s/Needs Disc<br>JAN-MAR | APR-JUN | TOTAL |
|---|---------|---------|-------------------------|---------|-------|
|   | Q1      | Q2      | Q3                      | Q4      | IOIAL |
| Medicare Parts A&B (Original Medicare)          |         |         |                         |         |       |
| Enrollment/Eligibility/Screening                | 41      | 53      | 64                      | 74      | 232   |
| Benefit Comparisons/Explanation/Coverge Changes | 29      | 52      | 62                      | 71      | 214   |
| Appeals/Grievances                              | 1       | 2       | 1                       | 3       | 7     |
| Billings/Claims                                 | 10      | 7       | 8                       | 16      | 41    |
| Fraud/Abuse                                     | 0       | 0       | 0                       | 0       | 0     |
| Quality of Care                                 | 0       | 0       | 0                       | 0       | 0     |
|   |         |         |                         |         |       |
| LTC/LTCI  |         |         |                         |         |       |
| Enrollment/Eligibility Assistance               | 8       | 1       | 5                       | 10      | 24    |
| Billings/Claims                                 | 0       | 1       | 0                       | 0       | 1     |
| LTC Partnership                                 | 0       | 0       | 0                       | 0       | 0     |
| Appeal/Greivances                               | 2       | 1       | 0                       | 1       | 4     |
| Fraud/Abuse                                     | 0       | 0       | 0                       | 0       | 0     |
| Other LTC                                       | 0       | 0       | 0                       | 0       | 0     |
|   |         |         |                         |         |       |
| Medigap/Supplement/SELECT                       |         |         |                         |         |       |
| Enrollment/Eligibility/Screening                | 51      | 82      | 75                      | 88      | 296   |
| Benefit Explanation                             | 41      | 81      | 71                      | 78      | 271   |
| Appeals/Grievances                              | 1       | 0       | 0                       | 0       | 1     |
| Billings/Claims                                 | 3       | 2       | 2                       | 3       | 10    |
| Fraud/Abuse                                     | 0       | 0       | 0                       | 0       | 0     |
| Disenrollment/Coverage Changes                  | 8       | 9       | 7                       | 10      | 34    |
| Quality of Care                                 | 0       | 0       | 0                       | 0       | 0     |
| Plan Comparison                                 | 0       | 0       | 0                       | 0       | 0     |
| Marketing/Sales Complaints/Issues               | 0       | 0       | 0                       | 0       | 0     |
| Plan Non Renewal                                | 0       | 0       | 0                       | 0       | 0     |
| Medicare Advantage                              |         |         |                         |         |       |
| (e.g., MSA, HMO, PPO, Specialty Plans)          |         |         |                         |         |       |
| Eligibility/Screening                           | 20      | 34      | 28                      | 21      | 103   |
| Benefit Explanation                             | 9       | 26      | 17                      | 15      | 67    |
| Appeals/Grievances                              | 1       | 1       | 0                       | 0       | 2     |
| Billings/Claims                                 | 2       | 0       | 0                       | 0       | 2     |
| Fraud/Abuse                                     | 0       | 0       | 0                       | 0       | 0     |
| Coverage Changes/Disenrollment                  | 1       | 3       | 8                       | 4       | 16    |
| Plan Non Renewal                                | 8       | 5       | 1                       | 3       | 17    |
| Plan Comparison                                 | 0       | 0       | 0                       | 0       | 0     |
| Enrollment/Enrollment Asistance                 | 0       | 0       | 0                       | 0       | 0     |
| Quality of Care                                 | 0       | 0       | 0                       | 0       | 0     |
| Marketing/Sales Complaints or Issues            | 0       | 0       | 0                       | 0       | 0     |
|   |         |         |                         |         |       |
| Medi-Cal  |         |         |                         |         | _     |
| Medi-Cal Screening (SSI, Nursing Home)          | 1       | 3       | 0                       | 1       | 5     |
| Medi-Cal Application Assistance                 | 0       | 0       | 0                       | 0       | 0     |

|  |         | Topic   | s/Needs Dis | cussed  |         |
|--|---------|---------|-------------|---------|---------|
|  | JUL-SEP | OCT-DEC | JAN-MAR     | APR-JUN | TOTAL   |
|  | Q1      | Q2      | Q3          | Q4      | TOTAL   |
| MSP Screening (QMB, SLMB, Q-1)               | 1       | 4       | 10          | 10      | 25      |
| MSP Application Assistance                   | 0       | 0       | 0           | 0       | 0       |
| Medi-Cal/QMB Claims                          | 0       | 0       | 0           | 0       | 0       |
| Fraud/Abuse                                  | 1       | 0       | 0           | 0       | 1       |
| Other  | 26      | 31      | 28          | 36      | 121     |
| Other  |         |         |             |         |         |
| Employer/Federal Health Benefits (FEHB)      | 22      | 31      | 32          | 40      | 125     |
| Military Benefits                            | 5       | 11      | 14          | 8       | 38      |
| COBRA  | 1       | 3       | 3           | 1       | 8       |
| Mental Health Topics                         | 3       | 5       | 8           | 7       | 23      |
| Fraud/Abuse                                  | 0       | 0       | 0           | 0       | 0       |
| Other Health Insurance                       | 0       | 0       | 0           | 0       | 0       |
| Other  | 4       | 6       | 5           | 4       | 19      |
| Part D - Medicare Prescription Drug Coverage |         |         |             |         |         |
| Benefit Explanation                          | 0       | 1       | 1           | 0       | 2       |
| Eligibility/Screening                        | 66      | 217     | 166         | 128     | 577     |
| Plan Comparison                              | 62      | 216     | 153         | 116     | 547     |
| Enrollment/Anrollment Assistance             | 43      | 193     | 123         | 80      | 439     |
| Billings/Claims                              | 2       | 0       | 1           | 3       | 6       |
| Coverage Changes                             | 2       | 1       | 4           | 3       | 10      |
| Re-enrollment                                | 0       | 0       | 0           | 0       | 0       |
| Disenrollment                                | 0       | 0       | 0           | 0       | 0       |
| TROOP  | 1       | 0       | 0           | 3       | 4       |
| Other  | 2       | 0       | 4           | 9       | 15      |
| LIS / Extra Help                             |         |         |             |         |         |
| Eligibility / Screening                      | 15      | 17      | 34          | 46      | 112     |
| Benefit Explanation                          | 0       | 0       | 0           | 0       | 0       |
| Application Assistance                       | 4       | 8       | 7           | 12      | 31      |
| Claims/Billings                              | 0       | 0       | 0           | 0       | 0       |
| Appeals / Grievances                         | 2       | 0       | 1           | 0       | 3       |
| Other Prescription Drug CoveragePlans        |         |         |             |         | 4       |
| Union/employer                               | 7       | 14      | 11          | 15      | 47      |
| PPARx  | 10      | 1       | 5           | 5       | 21      |
| Military Drug Benefit                        | 0       | 0       | 0           | 0       | 0       |
| Manufacturer Program Other                   | 8<br>1  | 4       | 5<br>1      | 5<br>1  | 22<br>4 |
|  | '       | '       | '           | ľ       | •       |
| Part D Plan Problems                         |         |         |             |         |         |
| (Non-Compliance Services Unmet)              |         |         |             |         |         |
| Eligibility                                  | 1       | 0       | 0           | 0       | 1       |
| Lag Time                                     | 0       | 0       | 0           | 0       | 0       |
| Multiple Enrollment                          | 0       | 0       | 0           | 0       | 0       |
| Poor Training of Agents                      | 0       | 0       | 0           | 0       | 0       |
| Poor Training of CSR                         | 1       | 0       | 0           | 0       | 1       |

# **Topics/Needs Discussed**

|                                      | JUL-SEP | OCT-DEC | JAN-MAR | APR-JUN     | TOTAL       |
|--------------------------------------|---------|---------|---------|-------------|-------------|
|                                      | Q1      | Q2      | Q3      | Q4          | TOTAL       |
| Fraud/Abuse                          | 0       | 0       | 0       | 0           | 0           |
| Marketing Fraud/Abuse                | 0       | 0       | 0       | 0           | 0           |
| Agent fraud/abuse                    | 0       | 0       | 0       | 0           | 0           |
| Formulary problems/changes           | 1       | 1       | 3       | 3           | 8           |
| Dosage problem                       | 0       | 0       | 1       | 1           | 2           |
| Data problems                        | 0       | 0       | 3       | 0           | 3           |
| Delay in medications                 | 0       | 0       | 0       | 1           | 1           |
| Incorrect Co-Pay/Can't Afford Co-Pay | 2       | 0       | 1       | 1           | 4           |
| Client reached donut hole            | 6       | 1       | 0       | 3           | 10          |
| SSA Premium witheld                  | 0       | 0       | 0       | 0           | 0           |
| Appeals/Grievances                   | 0       | 0       | 0       | 0           | 0           |
| Quality of Care                      | 0       | 0       | 0       | 0           | 0           |
| Plan Non Renewal                     | 0       | 0       | 0       | 0           | 0           |
|                                      |         |         |         |             |             |
| HICAP Legal Services                 |         |         |         |             |             |
| Referrals to HICAP Legal             | 0       | 0       | 0       | 2           | 2           |
| Legal Clients Served                 | 0       | 0       | 0       | 40          | 40          |
| Cases Opened                         | 0       | 0       | 0       | 38          | 38          |
| Cases Closed                         | 0       | 0       | 0       | 38          | 38          |
| Favorable Closed Case Results        | 0       | 0       | 0       | 27          | 27          |
| Client Representation Hours          | 0       | 0       | 0       | 133         | 133         |
| Consultation to Program Hours        | 0       | 0       | 0       | 0           | 0           |
| HICAP Legal Clients that Saved       | 0       | 0       | 0       | 3           | 3           |
| Estimated Financial Savings          | \$0.00  | \$0.00  | \$0.00  | \$19,685.00 | \$19,685.00 |

# Health Insurance Counseling and Advocacy (HICAP) Aggregate Report

# Program: PSA 32 - Alliance on Aging

From: 07/01/2009 To: 06/30/2010

# **Complaints Filed**

|                                   | JUL-SEP | OCT-DEC | JAN-MAR | APR-JUN |       |
|-----------------------------------|---------|---------|---------|---------|-------|
|                                   | Q1      | Q2      | Q3      | Q4      | TOTAL |
| Medicare Part D Complaints Filed  |         |         |         |         |       |
| CDI:                              | 0       | 0       | 0       | 0       | 0     |
| CMS:                              | 0       | 0       | 0       | 1       | 1     |
| Part D Plan:                      | 0       | 0       | 0       | 2       | 2     |
| SMP:                              | 0       | 0       | 0       | 0       | 0     |
| Urgent Fax:                       | 0       | 0       | 0       | 1       | 1     |
| 800 Medicare:                     | 0       | 0       | 0       | 2       | 2     |
| Other:                            | 1       | 1       | 4       | 5       | 11    |
| TOTAL MEDICARE PART D COMPLAINTS  | 1       | 1       | 4       | 11      | 17    |
| All Other Complaints              |         |         |         |         |       |
| APS:                              | 0       | 0       | 0       | 0       | 0     |
| CDI:                              | 0       | 0       | 0       | 0       | 0     |
| CMS:                              | 0       | 0       | 0       | 1       | 1     |
| QIO:                              | 0       | 0       | 0       | 0       | 0     |
| SMP:                              | 0       | 0       | 0       | 0       | 0     |
| Other:                            | 0       | 0       | 0       | 0       | 0     |
| TOTAL ALL OTHER COMPLAINTS        | 0       | 0       | 0       | 1       | 1     |
|                                   |         |         |         |         |       |
| 800 Medicare Line Issues          | _       | _       | _       | _       | •     |
| Total number of Calls with Issues | 0       | 1       | 2       | 3       | 6     |
| Total duration of calls           | 0.00    | 0.00    | 0.11    | 1.18    | 1.29  |